

EXHIBIT A

Form A

Plaintiff or Filing Attorney Information:

Name Lulyn M. Alexander

NJ Attorney ID Number _____

Address 330 Washington Street #188
Hoboken, NJ 07030Telephone Number 818.450.6540FILED
TEAM #1

OCT 27 2015

SUPERIOR COURT OF NEW JERSEY
COUNTY OF HUDSON
CIVIL DIVISION #15

Superior Court of New Jersey

Division _____ County _____

Part _____

Docket No: L-4367-15
(to be filled in by the court)

Civil Action

Complaint

Lulyn M. Alexander
Plaintiff,Metropolitan Family Health Networks
Jersey City Medical Center
Defendant(s).Plaintiff, Lulyn M. Alexander, residing at330 Washington Street, Hoboken, NJ 07030
(your address) City of HobokenCounty of USA/Hudson
(your county)RECEIVED
CUSTOMER SERVICE TEAM
OCT 23 2015
SUPERIOR COURT OF NEW JERSEY
COUNTY OF HUDSON
CIVIL DIVISION #15

State Of New Jersey, complaining of defendant, states as follows:

1. On July 14, 2015, The Metropolitan Family Health Networks, Defendant
(name of person being sued)

(Summarize what happened that resulted in your claim against the defendant. Use additional pages if necessary.)

This civil litigation arises out of Metropolitan Family Health Networks & Jersey City Medical Center's negligent and failure to perform a requested and vital minimally invasive surgical treatment to cure ovarian tumor prior to the Plaintiff suffering irreparable damage to her health and livelihood.

* VIOLATING (EMTLA)

The defendant in this action resides at 935 Purfield Ave Jersey City NJ 07304
(defendant's address)In the County of Hudson, State of New Jersey
(name of county where defendant lives)

2. Plaintiff is entitled to relief from defendant under the above facts.

SEE ADDITIONAL
PAGE
355 Grand STREET
Jersey City, NJ
07302

State of New Jersey, complaining of defendant, states as follows:

On July 14, 2015, the Metropolitan Family Health Networks, Defendants

Conduct was unethical and negligent. The Clinic aided in the withholding of a Vital Medical

Treatment which was to be performed by its affiliate hospital Jersey City Medical Center.

Dr. Sabrina Nilufar did not meet directly with Plaintiff / Patient and did not write a prescription for a vital Surgical procedure which needed to be performed 3 years ago by her medical associate Dr. Andrew S. Novick. Instead she elected to have a hospital assistant tell the Plaintiff / Patient that she would speak directly to Radiologist Dr. Andrew S. Novick and question him as to why the surgery was not performed years prior.

She said she would get back to the Plaintiff via telephone with Dr. Andrew S. Novicks answer. She added to his negligent conduct by not meeting directly with the Plaintiff / Patient, by not writing a needed prescription for surgery, by not calling the Plaintiff back about the surgery, by not scheduling a follow up visit to discuss Dr. Andrew S. Novick reasons for not performing the procedure and by not referring the Plaintiff / Patient to another doctor and / or Hospital to cure the Plaintiff / Patients Ovarian Tumors & Ovarian Disorders.

Metropolitan Family Health Network and Jersey City Medical Center have refused and withheld this and / or any substantial medical treatment allowing the Plaintiff's ovarian tumors to continue to exist, multiply and increase to twice the size they originally were leaving the Plaintiff / Patient with chronic ill health and destitute.

Form A

3. The harm that occurred as a result of defendant's acts include: (list each item of damage and injury)

1. Loss of Health - Potential loss of Fertility, a Deformed uterus, Physical Pain
= 4.4 million Dollars
2. Loss of work - Earning Capacity, Mental Anguish
= 1.8 million Dollars
3. Loss of Home - Loss of social standing: The Plaintiff has had a significant change in social class. falling from middle class to below the poverty level.
= 1.1 million Dollars

Wherefore, plaintiff requests judgment against defendant for damages, together with attorney's fees, if applicable, costs of suit, and any other relief as the court may deem proper.

Dated: 10.23.15

Signature: J. Alexander

CERTIFICATION OF NO OTHER ACTIONS

I certify that the dispute about which I am suing is not the subject of any other action pending in any other court or a pending arbitration proceeding to the best of my knowledge and belief. Also, to the best of my knowledge and belief no other action or arbitration proceeding is contemplated. Further, other than the parties set forth in this complaint, I know of no other parties that should be made a part of this lawsuit. In addition, I recognize my continuing obligation to file and serve on all parties and the court an amended certification if there is a change in the facts stated in this original certification.

Dated: 10.23.15

Signature: J. Alexander

OPTIONAL: If you would like to have a judge decide your case, do not include the following paragraph in your complaint. If you would prefer to have a jury to decide your case, please sign your name after the following paragraph.

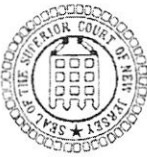
JURY DEMAND

The plaintiff demands trial by a jury on all of the triable issues of this complaint, pursuant to New Jersey Court Rules 1:8-2(b) and 4:35-1(a).

Dated: n/a

Signature: n/a

Appendix XII-B1

CIVIL CASE INFORMATION STATEMENT (CIS)		FOR USE BY CLERK'S OFFICE ONLY	
 <p>Use for initial Law Division Civil Part pleadings (not motions) under Rule 4:5-1 Pleading will be rejected for filing, under Rule 1:5-6(c), if information above the black bar is not completed or attorney's signature is not affixed</p>		PAYMENT TYPE: <input type="checkbox"/> CK <input type="checkbox"/> CG <input type="checkbox"/> CA	
		CHG/CK NO.	
		AMOUNT:	
		OVERPAYMENT:	
		BATCH NUMBER:	
1. ATTORNEY / PRO SE NAME <i>Ludyn M. Alexander</i>		2. TELEPHONE NUMBER <i>818-450-6540</i>	
3. COUNTY OF VENUE <i>Hudson</i>		4. DOCKET NUMBER (when available) <i>L-4397-15</i>	
5. FIRM NAME (if applicable)		6. OFFICE ADDRESS <i>330 Washington Street #188 Hoboken, NJ 07030</i>	
7. DOCUMENT TYPE <i>Complaint</i>		8. JURY DEMAND <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
9. NAME OF PARTY (e.g., John Doe, Plaintiff) <i>Ludyn M. Alexander Plaintiff</i>		10. CAPTION <i>Ludyn M. Alexander v. Metropolitan Family Health Network / New City Medical Center</i>	
11. CASE TYPE NUMBER (See reverse side for listing) <i>605-604</i>		12. HURRICANE SANDY RELATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
13. IS THIS A PROFESSIONAL MALPRACTICE CASE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YOU HAVE CHECKED "YES," SEE N.J.S.A. 2A:53A-27 AND APPLICABLE CASE LAW REGARDING YOUR OBLIGATION TO FILE AN AFFIDAVIT OF MERIT.		14. RELATED CASES PENDING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. IF YES, LIST DOCKET NUMBERS		16. DO YOU ANTICIPATE ADDING ANY PARTIES (arising out of same transaction or occurrence)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
17. NAME OF DEFENDANT'S PRIMARY INSURANCE COMPANY (if known) <input type="checkbox"/> NONE <input checked="" type="checkbox"/> UNKNOWN		18. DO PARTIES HAVE A CURRENT, PAST OR RECURRENT RELATIONSHIP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
19. DOES THE STATUTE GOVERNING THIS CASE PROVIDE FOR PAYMENT OF FEES BY THE LOSING PARTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		20. USE THIS SPACE TO ALERT THE COURT TO ANY SPECIAL CASE CHARACTERISTICS THAT MAY WARRANT INDIVIDUAL MANAGEMENT OR ACCELERATED DISPOSITION <i>n/a</i>	
21. DO YOU OR YOUR CLIENT NEED ANY DISABILITY ACCOMMODATIONS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		22. WILL AN INTERPRETER BE NEEDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
23. I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with Rule 1:38-7(b).		24. ATTORNEY SIGNATURE <i>Ludyn M. Alexander</i>	

SUMMONS

Attorney(s) Judyn M. Alexander
 Office Address 330 Washington Street #188
 Town, State, Zip Code Hoboken NJ, 07030
 Telephone Number 818.450.6540
 Attorney(s) for Plaintiff Pro se
Judyn M. Alexander

Superior Court of
New Jersey

COUNTY
DIVISION

Docket No: L-4387-15

Plaintiff(s)

CIVIL ACTION
SUMMONS

Vs.
Metropolitan Family Health Networks /
Dr. Sabrina NELUFAR
Defendant(s)

From The State of New Jersey To The Defendant(s) Named Above:

The plaintiff, named above, has filed a lawsuit against you in the Superior Court of New Jersey. The complaint attached to this summons states the basis for this lawsuit. If you dispute this complaint, you or your attorney must file a written answer or motion and proof of service with the deputy clerk of the Superior Court in the county listed above within 35 days from the date you received this summons, not counting the date you received it. (A directory of the addresses of each deputy clerk of the Superior Court is available in the Civil Division Management Office in the county listed above and online at http://www.judiciary.state.nj.us/prose/10153_deptyclerklawref.pdf.) If the complaint is one in foreclosure, then you must file your written answer or motion and proof of service with the Clerk of the Superior Court, Hughes Justice Complex, P.O. Box 971, Trenton, NJ 08625-0971. A filing fee payable to the Treasurer, State of New Jersey and a completed Case Information Statement (available from the deputy clerk of the Superior Court) must accompany your answer or motion when it is filed. You must also send a copy of your answer or motion to plaintiff's attorney whose name and address appear above, or to plaintiff, if no attorney is named above. A telephone call will not protect your rights; you must file and serve a written answer or motion (with fee of \$175.00 and completed Case Information Statement) if you want the court to hear your defense.

If you do not file and serve a written answer or motion within 35 days, the court may enter a judgment against you for the relief plaintiff demands, plus interest and costs of suit. If judgment is entered against you, the Sheriff may seize your money, wages or property to pay all or part of the judgment.

If you cannot afford an attorney, you may call the Legal Services office in the county where you live or the Legal Services of New Jersey Statewide Hotline at 1-888-LSNJ-LAW (1-888-576-5529). If you do not have an attorney and are not eligible for free legal assistance, you may obtain a referral to an attorney by calling one of the Lawyer Referral Services. A directory with contact information for local Legal Services Offices and Lawyer Referral Services is available in the Civil Division Management Office in the county listed above and online at http://www.judiciary.state.nj.us/prose/10153_deptyclerklawref.pdf.

Clerk of the Superior Court

DATED: _____

Name of Defendant to Be Served:

Address of Defendant to Be Served:

Metropolitan Family Health Networks
935 Fairfield Ave, Jersey City, NJ 07304

NEW JERSEY SUPERIOR COURT
HUDSON COUNTY
100 NEWARK AVENUE
JERSEY CITY NJ 07306

TRACK ASSIGNMENT NOTICE

COURT TELEPHONE NO. (201) 217-5162
COURT HOURS 9:30 AM - 4:30 PM

DATE: OCTOBER 27, 2015
RE: ALEXANDER VS METROPOLITAN FAMILY HEALTH NET

WORKS E

DOCKET: HUD L -004367 15

THE ABOVE CASE HAS BEEN ASSIGNED TO: TRACK 3.

DISCOVERY IS 450 DAYS AND RUNS FROM THE FIRST ANSWER OR 90 DAYS
FROM SERVICE ON THE FIRST DEFENDANT, WHICHEVER COMES FIRST.

THE PRETRIAL JUDGE ASSIGNED IS: HON PETER F. BARISO

IF YOU HAVE ANY QUESTIONS, CONTACT TEAM 001
AT: (201) 795-6116.

IF YOU BELIEVE THAT THE TRACK IS INAPPROPRIATE YOU MUST FILE A
CERTIFICATION OF GOOD CAUSE WITHIN 30 DAYS OF THE FILING OF YOUR PLEADING.
PLAINTIFF MUST SERVE COPIES OF THIS FORM ON ALL OTHER PARTIES IN ACCORDANCE
WITH R. 4:5A-2.

ATTENTION:

LEELYN M. ALEXANDER
330 WASHINGTON STREET
HOBOKEN NJ 07030

MURIVO